

Fox (L.W.)

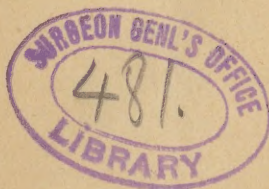
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THE SURGICAL TREATMENT OF
GRANULAR LIDS.

By L. WEBSTER FOX, M.D.,

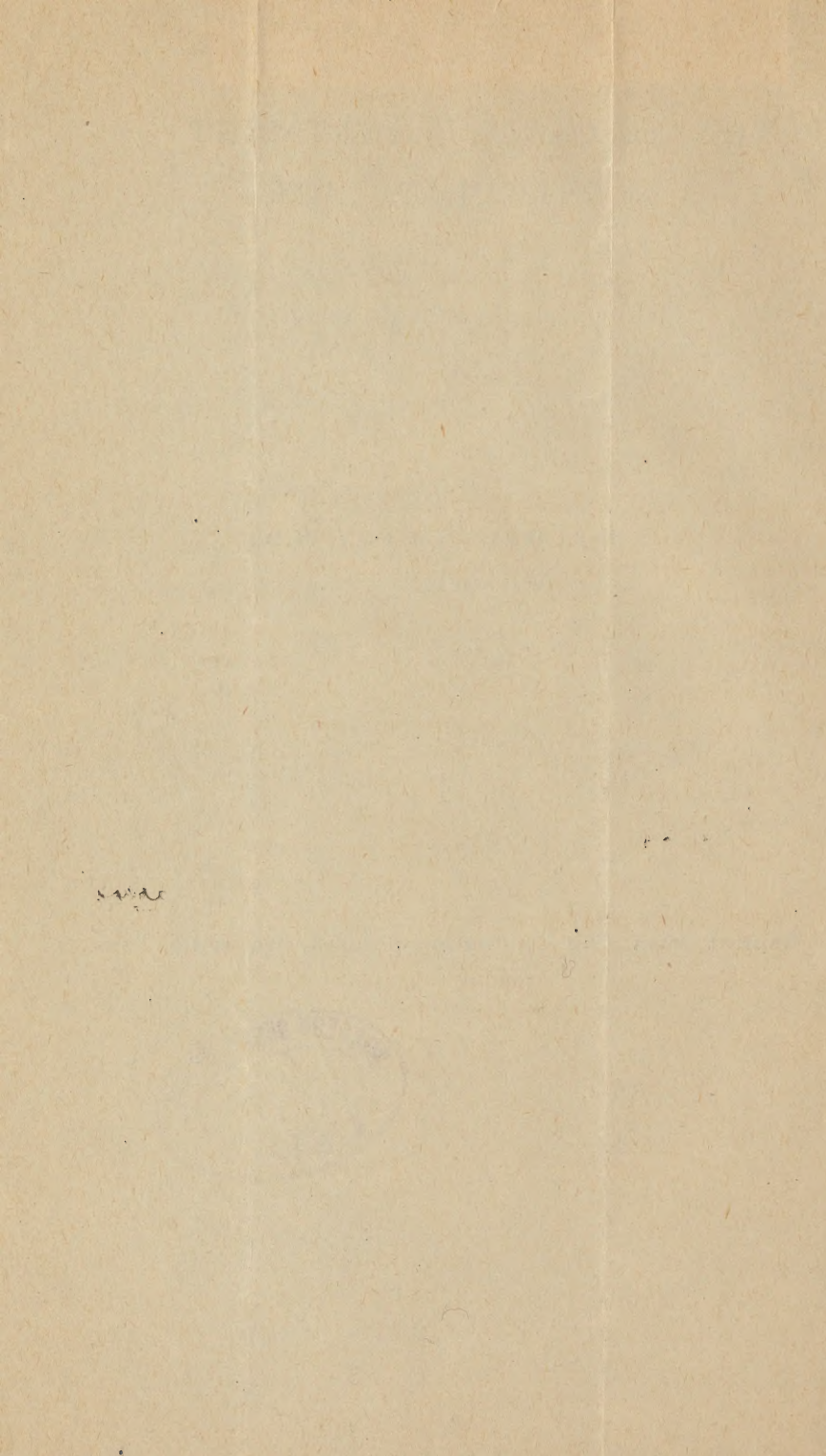
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THE SURGICAL TREATMENT OF GRANULAR LIDS.

Written for the *Ophthalmic Record* by

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PHILADELPHIA, PA.

The readers of the *Ophthalmic Record* have no doubt, followed with interest the writings of the ophthalmic surgeons on trachoma, its etiology, prognosis and treatment, which so recently appeared in this journal. Only one writer, Dr. P. D. Keyser, of Philadelphia, spoke of the treatment inaugurated by Prof. Manolescu, of Bucharest. The remarks made were very brief and inasmuch as this mode of treatment is fast growing into favor, especially with our confreres abroad, I take this opportunity of giving a more lengthy review of its *modus operandi* than was given by Dr. Keyser.

While in Paris recently I saw it put to a practical test by Dr. ^{arr}Dorris, clinical chief to Dr. Abadie. I also had the opportunity of examining a number of patients upon whom the operation had been performed with gratifying results. Dr. ^{arr}Dorris also performed the operation in my presence and this afforded me the opportunity of becoming conversant with its technique.

Two instruments have been specially devised for the operation.

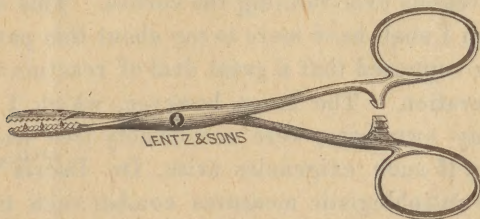


Fig. 1.

Fig. 1. A catch dressing forceps having on the male blade three pins which, when the instrument is closed, pass through corresponding openings in the opposing or female blade; these

points pierce the eye-lid to prevent slipping when complete inversion of the lid is made.



Fig. 2.

Fig. 2. The second instrument is a tri-bladed scarificator or scalpel; the outside blades are jointed so that they may be easily turned when being cleaned. They are securely held in place in a platinum handle, and make parallel incisions.

The details of the operation are as follows: The upper eye-lid is grasped by the forceps, along its margin, then turning the edge upon itself the lid is rolled up until the retro-tarsal fold is brought out. The exposed part is now thoroughly scarified with the three bladed scalpel not only horizontally but also vertically. The granular tissue is then scrubbed with a tooth-brush, in which the bristles have been cut down to about one half their usual length. The brush is steeped in a corrosive sublimate solution 1 to 500 just before using. Immediately after the *grattage* the part is washed with the 1 to 500 solution.

Another part of the lid is unrolled and the scarifying, scrubbing and washing repeated, and in like manner the whole of the eye-lid. The lower lid is then similarly treated and if necessary the operation is extended to the other eye. If extensive pannus of the cornea exists peritomy may be performed. In one case under my care pannus existed in its worst form but wishing to test the *grattage* operation alone nothing was done to the bloodvessels over-running the cornea. This case is doing well, later on I shall have more to say about this patient.

It is to be supposed that a great deal of reaction would follow such an operation. The cases, however, which I followed in Paris and my own case, were remarkably free from pain and swelling; but if such exigencies arise, Dr. ^{arise} Derris informs me that prompt antiphlogistic measures combat such troubles. In twenty-four hours the eye lids are everted and washed with the 1 to 500 corrosive sublimate solution. Some difficulty may be experienced in turning the upper eye-lid, but by gentle pressure and manipulation it can easily be accomplished. This treatment

may be continued for about a week or until desquamation² of the granulations ceases. If, after three weeks a few irregular projections remain on the lids they may be touched with solid stick, or five grain solution, of arg. nit. The success of the operation depends upon complete evisceration of the trachoma. If any granulations remain behind they will again spread over the under surface of the eye-lids.

The *grattage* operation is a means to an end. Every ophthalmic surgeon who has had an extensive hospital practice has also had many patients suffering with granular lids to prescribe for. In some districts the disease prevails to a larger extent, particularly if the contingent is largely composed of Irish or Polish Jews. But I am also compelled to say that this disease is not limited to habitats of cities but the indians from the plains suffer as well. Quite recently I had under my care Left Hand, Head Chief of the Arraphoes, and Wolf Rope, Chief of the Cheyennes, both suffering from granular lids and pannus of the worst type. The conjunctival surfaces of the eye-lids were as rough as the upper side of a nutmeg grater. There is no doubt, however, that the trouble which exists among the indians is due to their want of cleanliness and spending a great deal of time, especially during the winter months, in their smoky tepees.

The every day treatment is directed towards the reduction and absorption of the granular formations. This is done by caustics, powerful astringents or the actual cautery, all to the same end, that is to get rid of the granulations and render smooth the under surface of the eye-lids. In 1883, I hastened the cure by eversion of the upper lid and excising the granulations with a curved scissors and scraping the parts with a scoup, and followed this operation by cutting through the cartilage from the inner to the outer canthus, in other words I followed the scraping operation by a Burow incision.* "This relieves the friction of the lid upon the globe by allowing the tissues of the lid to elongate." I tested a patient within the last month for a change of glasses who had this "scraping with the Burow" performed at the Germantown hospital in 1884. She

* See Fox & Gould Diseases of the Eye, Second Ed. page 85.

at that time had complete pannus and granular lids and not able to count fingers at any distance.

I have not at hand any article written on the Manolescu operation, but if the usual cicatricial contraction of the cartilage of the eye-lid takes place after the conjunctiva has become denuded, then, to prevent contraction of this cartilage with its sequelæ—entropion, trichiasis or distichiasis—follow the *grattage* with a Burow, which is simple to perform and perfectly safe. I must repeat what I have often heard Mr. Couper, of Moorfields Eye Hospital, say: "If there ever was a man who deserved a monument for devising an operation in ophthalmic surgery, it was Burow."

The patient upon whom I performed the "inodified grattage" operation mentioned in the earlier part of my paper is a young Italian girl (15 years of age). She had been under careful treatment for granular lids (right eye only affected) at one of our city hospitals for nearly a year, and she has also been under my care for about the same length of time, and had not obtained any better result. The case would improve for a time, whenever a new line of treatment was inaugurated, but soon the patient would relapse and be as bad as ever. I should have felt complimented had the patient sought professional services elsewhere; but she, having exhausted the patience and skill of so many ophthalmologists, would not make the change.

Upon my return home from Paris, I performed the modified operation as described above with exceedingly gratifying results. She is now able to count fingers at arms length; the thickened upper eye-lid is assuming a more normal appearance, and can be elevated as rapidly as its fellow; the roughened granulations have disappeared and the cornea clearing up, while the color of the iris is growing visible. My earlier experience convinces me that Burow's operation is a valuable addendum to that now known as the *grattage*. Since the above article was written, Dr. W. B. Marple, of New York, has published in the *Medical Record*, Nov. 28, 1891, the best description of the *grattage operation* that has so far appeared in english. He also quotes the experience of Dr. John E. Weeks and Dr. Gruening, of New York.

